UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/NAM/3
20 November 2000

ORIGINAL: ENGLISH

First regular session 2001
29 January to 6 February 2001, New York
Item 8 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Namibia

Proposed UNFPA assistance:	$12.5 million, $3.5 million from regular resources and $9 million from co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2001-2005)
Cycle of assistance:	Third
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.7	8.5	11.2
Population and development strategies	0.5	0.5	1.0
Programme coordination and assistance	0.3	-	0.3
Total	3.5	9.0	12.5

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NAMIBIA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	68	≥60
Contraceptive prevalence rate (%)[2]	29	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	14.47	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	104.9	≤65
Infant mortality rate (per 1,000 live births)[5]	65	≤50
Maternal mortality ratio (per 100,000 live births)[6]	230	≤100
Adult female literacy rate (%)[7]	77	≥50
Secondary net enrolment ratio (%)[8]	108	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1. Electronic database,World Health Organization, December, 1999.
2. United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3. UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4. United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5. United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6. The World Bank, *World Development Indicators, 2000*.
7. UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8. UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	1,726	Annual population growth rate (%)	1.22
Population in year 2015 (000)	2,031	Total fertility rate (/woman)	4.50
Sex ratio (/100 females)	99.5	Life expectancy at birth (years)	
Age distribution (%)		Males	40.6
Ages 0-14	41.5	Females	40.6
Youth (15-24)	19.8	Both sexes	40.6
Ages 60+	5.8	GNP per capita (U.S. dollars, 1998)	1940

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2001-2005 to assist the Government of Namibia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $12.5 million, of which $3.5 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $9 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to the country. Namibia is a "Category B" country under the UNFPA resource allocation criteria.

2. The Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) processes in Namibia have identified poverty reduction, HIV/AIDS prevention, governance, gender and human rights as the major national priority areas in the draft Second National Development Plan to be addressed collectively by the United Nations system in Namibia, and these concerns are appropriately reflected in UNFPA's proposed programme. The United Nations country team, as well as the Government of Namibia, non-governmental organization (NGO) programme partners, the donor community and members of the Executive Board, have been involved in the process of developing and commenting on the proposed third country programme through active participation in the mid-term review and final evaluation of the second country programme, the drafting of the UNDAF and the Second National Development Plan and through the United Nations theme groups on poverty and HIV/AIDS and their technical working groups. The proposed programme is based on the recommendations of the second country programme evaluation exercise, which concluded in August 2000 and involved national experts and the UNFPA Country Technical Services Team (CST) based in Harare, Zimbabwe. The proposed programme is coordinated with the Second National Development Plan period and is also harmonized with the programmes of UNDP and UNICEF.

3. On the basis of the UNDAF and the multi-year funding framework (MYFF), the goal of the third country programme will be to contribute to the reduction of HIV/AIDS prevalence among the 15-24 year age group in line with the ICPD+5 target; the reduction of maternal mortality among female adolescents and youth; and the reduction of gender-based violence and sexual abuse among adolescents and youth. Two subprogrammes, reproductive health, including family planning and sexual health, and population and development strategies will be developed to contribute to the achievement of these goals with advocacy for gender concerns built into both subprogrammes.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The population of Namibia is estimated to have grown at a rate of 2.2 per cent a year over the period 1995-2000 and to have reached 1.7 million by 2000. There are currently over 23,000 refugees in Namibia, 95 per cent of whom are Angolans. It is estimated that one in five Namibians aged 15-49 is infected with HIV/AIDS. In 1999, AIDS accounted for 26 per cent of all deaths in Namibia. The prevalence of AIDS has led to increases in mortality rates and reductions in the total fertility rate, the population growth rate and life expectancy at birth. By the end of 1999, the estimated HIV prevalence rates for the 15-24 year age group ranged from 19 per cent to 21 per cent for females and from 8 per cent to 10 per cent for males. This indicates that females are getting infected at a younger age than males and that older males are typically infecting younger females. A demographic and health survey (DHS) is currently being carried out, and a census will be conducted in 2001. These will help to update indicators and to provide baseline data for the proposed programme.

6. Namibia's gross domestic product (GDP) per capita in constant prices declined by 0.6 per cent in 1997 and 0.8 per cent in 1998 but increased by 0.3 per cent in 1999. Although Namibia is considered to be a "middle income country", it has one of the most unequal income distributions in the world: 10 per cent of the population receives 65 per cent of total income. Land distribution is also very skewed, with some 4,200 commercial farmers enjoying freehold ownership of 43 per cent of the land compared to 137,000 peasant households farming 42 per cent of the land under communal tenure. Poverty is concentrated in the rural areas and the north of the country, where about 70 per cent of the population depends on subsistence agriculture on communal land. At least 60 per cent of households are below the poverty line and spend more than 60 per cent of their income on food. In 1998, the unemployment rates for people older than 15 years was 29.1 per cent for men and 40.5 per cent for women.

7. The Government began implementing a decentralization policy in 1998 and has been promoting a primary health care approach within the context of that decentralization. Between 1996-2000, ante-natal coverage increased from 63 per cent to 80 per cent of health facilities; delivery services increased from 54 per cent to 60 per cent of health facilities; and comprehensive reproductive health services increased from 60 per cent to 80 per cent of health facilities. However, many gaps in the quality of care remain to be addressed, especially in relation to the attitudes of health service providers regarding the provision of reproductive health services to adolescents and youth and the need to make reproductive health services more confidential and accessible to young people. These issues are currently being addressed through an "adolescent-friendly health service" initiative being spearheaded by the Ministry of Health and Social Services.

8. UNFPA needs to continue supporting the Government in broadening the contraceptive method mix to include more female condoms, thereby empowering women to negotiate for

preventing sexually transmitted infections (STIs) and HIV/AIDS, and in emphasizing dual protection in light of the HIV/AIDS epidemic. Government policy is to procure reproductive health commodities using its own resources so as not to become dependent on donors for reproductive health commodity security; however, given the current HIV/AIDS crisis, the Government has also welcomed assistance for the procurement of condoms. The Central Medical Stores distribute reproductive health commodities to all public health facilities and additional reproductive health commodities are available through private pharmacies and social marketing outlets. Additional condoms required for HIV/AIDS prevention efforts are procured through a Multi-Sectoral Condom Coordination Committee, chaired by UNFPA, and distributed through the National AIDS Coordination Programme and regional Youth Offices.

9. There have been marked successes in terms of gender equality, equity and women's empowerment in Namibia as a result of such actions as the adoption of the National Gender Policy, the Married Person's Equality Act, and the Combating of Rape Act; the establishment of the Ministry of Women's Affairs and Child Welfare; and the presentation of the first report in 1997 on Namibia's response to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). However, the CEDAW has not yet been incorporated into domestic legislation. Instead, women have had recourse to the Constitution and its Bill of Rights, which specify and list areas in which discrimination is outlawed. By 1999, Namibian women held 33 per cent of all senior positions in the government.

Previous UNFPA experience

10. UNFPA's first country programme (1992-1996) laid the foundation for the development of Namibia's National Population Policy for Sustainable Human Development and facilitated the establishment of the Maternal and Child Health and Family Planning (MCH/FP) Unit at the Ministry of Health and Social Services and the approval of the Family Planning Policy. The objectives of the second country programme (1997-2000) included assisting the Government of Namibia in achieving implementation of the national population policy and integration of population, gender and youth issues into national and sectoral plans, policies and programmes. Other objectives of the programme included reducing the annual population growth rate, the total fertility rate, the maternal mortality ratio and the adolescent pregnancy rate and increasing the contraceptive prevalence rate. The HIV/AIDS pandemic has been largely responsible for reductions in the annual population growth rate and the fertility rate to below targeted levels. The 2000 DHS will provide updated information on the maternal mortality ratio, the contraceptive prevalence rate and the adolescent fertility rate. As with all its programmes, UNFPA's programmes in Namibia aimed to achieve greater gender equality and equity and the empowerment of women.

11. In terms of achievements, a National Plan of Action for Population Policy Implementation has been drafted, which fully integrates issues related to population, gender and

youth, and which is being incorporated into the Second National Development Plan. Other key achievements of the second country programme are that the capacity of personnel in various Ministries and NGOs has been strengthened through training activities and the implementation of projects related to reproductive health, population and development strategies, and advocacy. Population education, including on reproductive health, HIV/AIDS and gender issues, has been developed in the formal and non-formal education system. Population and development studies have been incorporated into the existing relevant disciplines, and institutional capacity in training and research has been strengthened at the University of Namibia. Male participation in sexual and reproductive health has increased, including contraceptive use, HIV/AIDS prevention and the resolution of conflicts through improved communication between males and females.

12. The three major lessons learned from the evaluation of the second country programme are that: (a) central-level government structures work very slowly and are poorly coordinated and that future support needs to be concentrated and focused at regional levels so that they yield more tangible results and greater impact; (b) relevant advocacy and information, education and communication (IEC) materials are more likely to be produced by key professionals working together through national campaigns like the Media Task Force on HIV/AIDS and the Multi-Media Campaign Against Violence Against Women rather than by government units alone; and (c) to improve the reproductive health status in the country in the context of the HIV/AIDS pandemic, a package of accessible, high-quality services and multiple sources of IEC responsive to audience needs and focused on behavioural change are necessary.

13. The major conclusions and recommendations of the second country programme evaluation in relation to reproductive health are that HIV/AIDS clearly constitutes the most serious reproductive health challenge and the scale of the pandemic has enormous implications for development. Adolescent pregnancy similarly constitutes a health threat to young mothers and their offspring as well as an impediment to their development and to national development. Since HIV infection rates are soaring among young people in Namibia and experience elsewhere indicates greater probabilities of behavioural change among them than in older groups, the third country programme will concentrate on adolescent reproductive health, especially preventing HIV infection and reducing the number of early pregnancies.

14. Another lesson learned was that in order to ensure that the investment in population education yields results, UNFPA should advocate for the training of teachers in life skills and to make life skills an examinable subject in the entire school system. In order to ensure a reliable supply of condoms at the national level, UNFPA should offer its procurement services to the Government and donors and lobby for additional resources from multi-bilateral sources. In order to improve coordination and impact at the regional level, UNFPA should work through the regional AIDS Coordination Committees in selected regions to support activities that ensure that health facilities are made adolescent friendly, that male involvement in fostering reproductive health is reinforced, that youth centres provide condoms and counselling, that peer educators

work with out-of-school youth, that population education is taught in schools through courses on life skills, and that multiple and easily accessible sources of condoms are established and maintained. If only UNFPA core resources are available, the coverage of such efforts will necessarily be relatively limited, but they could be expanded if multi-bilateral resources can be mobilized.

15. The major lessons learned and recommendations in relation to population and development strategies are that decentralization of population-related activities to the regions has been difficult due to insufficient resources, the absence of a regional planning framework and staff structures, and lack of appropriately trained staff. These issues need to be further addressed in the third country programme. All new population and development activities should specifically target the HIV/AIDS pandemic, particularly adolescents and youth, many of whom are already infected or are at extreme risk of infection and premature death. The major lesson learned and recommendation in relation to advocacy is that baseline data and indicators need to be established to measure progress in capacity building as well as on the impact of advocacy interventions. The advocacy components of the population and development strategies and reproductive health subprogrammes in the third country programme should include these tasks in their future activities.

16. Given the urgency of the spread of HIV/AIDS in Namibia, it was agreed by the United Nations country team and the Government, in the context of UNDAF, that this would be the major area of focus in developing the proposed programme. Apart from its mandate in terms of promoting the ICPD Programme of Action, UNFPA's comparative advantage also lies in building on the work already done during the second country programme in terms of support for adolescent and youth sexual and reproductive health and rights; the male involvement in reproductive health project; and joint programming with UNICEF on youth health, with Swedish support, through which UNFPA has been procuring male and female condoms. UNFPA has significant experience within the CST on adolescent reproductive and sexual health services and IEC, well-established condom procurement facilities at headquarters, and the ability to design condom distribution systems for adolescents.

Other external assistance

17. Other donor support to the national population programme includes support from Spain, Sweden and the United Kingdom to the 2001 census; support from the Netherlands for the National Gender Plan of Action; and support for reproductive health and HIV/AIDS prevention and care from UNICEF, WHO, the European Union, Finland, France, Germany, Norway, Spain, Sweden, the United Kingdom and the United States of America. UNICEF and WHO will work closely with UNFPA during the next programme period on promoting adolescent sexual and reproductive health. UNAIDS, the European Union, Japan, the Netherlands, Sweden and the United Kingdom will be potential sources of financial support for adolescent reproductive and sexual health initiatives. France has been supporting sociocultural research and IEC efforts,

while Germany has been supporting reproductive health training and the social marketing of condoms. Finland and the United Kingdom have been supporting training and the provision of technical assistance to the health sector, while Norway, Spain and the United States of America have been focusing their support on HIV/AIDS prevention and counselling services. Although UNFPA provides a relatively small proportion of the total resources, the Government views the Fund, as it does other United Nations agencies, as development partners able to assist in policy development and donor coordination.

Proposed programme

18. Reproductive health subprogramme. The overall goal of the proposed programme is noted in paragraph 3 above. The purpose of the reproductive health subprogramme will be to contribute to a reduction in the behaviour placing individual adolescents and youth at risk of STIs and HIV/AIDS infection and teenage pregnancies, including acceptance by young males of female reproductive rights and male responsibility for achieving these. The strategies that will be adopted to contribute to the achievement of the goal and purpose include communication for behavioural change; technical and managerial capacity building; advocacy; social mobilization and community empowerment; sociocultural and operational research; and the provision of services, equipment and supplies. The implementation of these strategies will be designed to develop personal motivation for behavioural change among adolescents and youth based on increased knowledge and attitudinal changes, access to reproductive and sexual health services and commodities, and more control over decisions affecting their lives by young women.

19. The reproductive health subprogramme will have four outputs: (a) at the national level, accessibility of condoms by all sexually active adolescents and youth; (b) at the national level, creation of a supportive policy and legal environment for the provision of reproductive and sexual health information and services to adolescents and youth; (c) in selected regions, creation of political support at the community level for the provision of reproductive and sexual health information and services to adolescents and youth; and (d) in selected regions, ensuring that the majority of health facilities have skilled service providers furnishing adolescent- and youth-friendly reproductive and sexual health counselling and services.

20. Population and development strategies. The purpose of the population and development strategies subprogramme will be to contribute to the prioritization of HIV/AIDS prevention interventions among adolescents and youth at the regional level, in the context of decentralization. The main strategies of the population and development strategies subprogramme would be: (a) advocacy for gender concerns, including violence against women, reproductive rights, and male responsibility; (b) the development of regional action plans on HIV/AIDS prevention; and (c) the incorporation of these action plans, together with the National Plan of Action for Population Policy Implementation, into the Second National Development Plan. Additionally, Namibia will continue to benefit from training activities from the Fund's

regional programme for sub-Saharan Africa and also from the CST's technical support for census-related activities. The population and development strategies subprogramme will have one output: increased resource allocation for reproductive and sexual health issues among adolescents and youth in those regions where they are most vulnerable to HIV/AIDS infection.

21. The successful implementation of the two subprogrammes will result in attitudinal and behavioural changes in relation to the utilization of reproductive health services and related benefits in terms of gender roles and responsibilities; increases in terms of financial and geographical accessibility of reproductive health services and commodities; improved technical capacity to make reproductive health services and commodities available; and legal and cultural acceptability, through normative change, of reproductive health services and commodities. The achievement of these outputs will lead to changes in those behaviours that place individual adolescents and youth at risk of reproductive and sexual health-related morbidity and mortality and will also lead to changes in the sociocultural norms and practices that perpetuate gender inequality and inequity. In this way, the achievement of the outputs will contribute to the achievement of the purposes of the subprogrammes in terms of reducing the risky behaviour and vulnerability of adolescents and youth in relation to reproductive and sexual health issues and to promoting greater gender equality and equity. This, in turn, will contribute towards the achievement of the goal of the proposed country programme.

22. Using regular resources, UNFPA will fund a comprehensive approach at the regional level in which support will be provided to make health facilities more adolescent and youth friendly; expand male involvement in reproductive health; provide reproductive and sexual health information and counselling services through multi-purpose youth resource centres; ensure peer educators work with out-of-school youth; ensure that teachers are trained in life skills and that life skills becomes a compulsory and examinable subject in the school curriculum; and ensure that multiple and easily accessible sources of condoms are established and maintained. The selection of regions will be based on the foundations established during the second country programme in terms of male involvement in reproductive health, existence of multi-purpose youth resource centres, active regional AIDS Coordination Committees and the prevailing security situation. Efforts are already under way to mobilize multi-bilateral resources from the European Union, other donors and foundations. In the event that additional resources do not become available, the geographical scale in terms of the number of regions covered by UNFPA regular resources will be relatively limited. However, the geographical coverage will be expanded and up-scaled in accordance with any additional resources that are mobilized.

23. Reproductive health commodity security. As mentioned above, it is the Government's policy to procure its own reproductive health commodities. The Government has put out tenders for procuring 144 million male condoms by July 2002 and is planning to procure 120,000 female condoms a year (following the launch of the female condom in Namibia at the end of 2000). UNFPA is offering its contraceptive procurement services to the Government as this may result

in lowering of costs. The Government has welcomed assistance from development partners to procure condoms for HIV/AIDS prevention through the Multi-Sectoral Condom Coordination Committee, which is chaired by UNFPA.

Programme implementation, coordination, monitoring and evaluation

24. During the second country programme, government institutions, parastatal institutions and national NGOs served as implementing agencies, while United Nations agencies, government institutions and national and international NGOs were the executing agencies. The same arrangements will continue in the third country programme, but there will be more emphasis on national execution as a way of developing national capacity in order to ensure future sustainability. UNFPA will provide procurement and technical advisory services, and international NGOs will provide technical support for programming as required. Efforts will be made to overcome the problems of weak coordination between the partner institutions in the second country programme by ensuring that the Inter-Agency Technical Committee on Population is revived to play the role envisaged for it in the National Population Policy for Sustainable Human Development.

25. The current staff complement in the UNFPA country office includes the Representative, Assistant Representative, National Programme Officer and four support staff. National Professional Project Personnel will be utilized to support substantive management of subprogrammes. Under the proposed programme, the amount of $300,000 from regular resources would be used for programme coordination and assistance.

26. The coordination structures established for the implementation of the National Population Policy for Sustainable Human Development and the UNDAF will be used for monitoring and evaluating the third country programme. The monitoring and evaluation plans of the component projects will be reviewed quarterly by their respective steering committees and annually, together with the subprogrammes, at the annual reviews of the country programme, where the logical framework matrix will also be updated. In addition, the technical working groups of the United Nations theme groups will also provide a monitoring function in the context of implementing the UNDAF. A mid-term review of the third country programme will be conducted, in conjunction with the UNDAF process, in 2003, and final evaluations of the component projects and the country programme will take place in 2005.

27. Baseline data for generating indicators for monitoring and evaluation purposes will be provided by the 2000 DHS, the 2001 census, community surveys, annual reports of the National AIDS Coordination Programme and the Health Information System, and rapid sociocultural research surveys to be designed as part of an integrated sociocultural research strategy for the proposed programme. Data for evaluating the achievements and results of the third country programme will be drawn from United Nations and national sources, in conjunction with the further development of the CCA and UNDAF processes.

Recommendation

28. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Namibia, as presented above, in the amount of $12.5 million for the period 2001-2005, $3.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $9 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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